



# DELTA COUNTY CODE COMPLIANCE

## COMPLAINT FORM

**Please return this form to the Delta County Planning Department**

**REPORTING PARTY (Required)**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

## VIOLATION INFORMATION

PROPERTY OWNER (If known):

**DETAILED DESCRIPTION:** Describe the nature of your complaint. Please print clearly. If you require more space, you may attach additional sheets as needed.

## ACKNOWLEDGEMENT AND AUTHORIZATION

I understand that any and all written correspondence and supporting documentation submitted with this complaint is part of the public record and subject to the Colorado Open Records Act (CORA). Complainant certifies that the information provided herein is true and correct of Complainant's own knowledge.

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(OFFICE USE ONLY)**

Date Received: Received by: Department: